

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10611862  
APPLICANT(S)

FILING DATE 07-03-03

| CLAIMS       |          |     |                     |     |                     |     |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|              | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1            | /        |     |                     |     |                     |     |
| 2            | /        |     |                     |     |                     |     |
| 3            | /        |     |                     |     |                     |     |
| 4            | /        |     |                     |     |                     |     |
| 5            | /        |     |                     |     |                     |     |
| 6            | /        |     |                     |     |                     |     |
| 7            | /        |     |                     |     |                     |     |
| 8            | /        |     |                     |     |                     |     |
| 9            | /        |     |                     |     |                     |     |
| 10           | /        |     |                     |     |                     |     |
| 11           | /        |     |                     |     |                     |     |
| 12           | /        |     |                     |     |                     |     |
| 13           |          |     |                     |     |                     |     |
| 14           |          |     |                     |     |                     |     |
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| 22           |          |     |                     |     |                     |     |
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| 48           |          |     |                     |     |                     |     |
| 49           |          |     |                     |     |                     |     |
| 50           |          |     |                     |     |                     |     |
| TOTAL IND.   |          |     |                     |     |                     |     |
| TOTAL DEP.   |          |     |                     |     |                     |     |
| TOTAL CLAIMS |          |     |                     |     |                     |     |

  

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| 51           |  |  |  |  |  |  |
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| 86           |  |  |  |  |  |  |
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| 89           |  |  |  |  |  |  |
| 90           |  |  |  |  |  |  |
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| 96           |  |  |  |  |  |  |
| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |